

Current Health Questionnaire

Please answer the questions listed below regarding your health. We want to know how you have felt this past week, including today. Do not put your name on this questionnaire, but be sure to indicate your job title and department at the bottom. No one will know how you answered the questions. This information will help us to improve your working conditions. Thank you!

Please mark the column that indicates how often you have experienced each of the following during the last week.

		Never	Sometimes	Often	Always
1.	Headaches				
2.	Hands or fingers got numb				
3.	A cold or sore throat				
4.	Back pain				
5.	Wrists or hands hurt				
6.	Woke up at night with hand pain				
7.	Felt nervous or irritable				
8.	Either arm hurt or felt numb				
9.	Felt very tired at work				
10.	Pain in your neck or shoulder				
11.	Felt pressured to work fast				
12.	Felt you were in control of your job				
13.	Chest pains				
14.	Liked your job				
15.	Legs hurt				

Please fill in your job title and department below. Thank you for your help.

Job title

Department

Source for Case 2: Smith MJ, Zehel D [1992]. Case study no. 9: a stress reduction intervention programme for meat processors emphasizing job design and work organization (United States). Conditions of Work Design 11(2):204–213.